

(ATTACHMENT 3)

SENECA SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

May 3, 2004

Dr. Nicholas Stathopoulos
 Seneca Eye Surgeons, Inc.
 2 Main Street
 Bradford, PA 16701

RE: BAKER, DARRYL O.

19613-039

Dear Dr. Stathopoulos:

I saw Mr. Baker, your 41 year old who was struck in his left eye approximately two months ago. He is complaining at this point in time that his acuity although it has returned to normal he does get a feeling of double when he looks to the right. He also has a sensation of a foreign body in it.

On examination at this time, his acuity is 20/20 OU. There is definitely no proptosis and there is no enophthalmos. He does get diplopia. It is worse especially when he looks to the right and upwards. He does not get this looking straight ahead or down. So, he is really quite functional. I watched him walk around and he does not have to close the eye to walk.

He had a small calcium deposit in his meibomian gland in his lower lid. I removed it with tweezers. On examination of the retina he has no evidence of papilledema or compromise of any of the other structures.

I went over the CT scan. That is a very pretty picture of a floor fracture. At this point in time in the absence of diplopia in a straight ahead gaze, I still think that six more weeks of time is the answer. If at three months he definitely still has diplopia and it is causing him some serious problems it should be repaired. He still may completely clear. Fortunately despite the nastiness of this injury he sustained no obvious damage to his human lens, the anterior chamber angle or the retina.

Yours truly,

Robert J. Weiss, M.D.

Cc: Dr. Beam

Reviewed by D. Olson, MD
 Date 5/5/04

COPY

RJW/lab
 103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

27 Porter Avenue
 Jamestown, NY 14701
 (716)483-2020
 1-866-716-EYES
 Fax (716)488-9295

2 Main Street
 Bradford, PA 16701
 (814)362-7477
 1-866-814-EYES
 Fax (814)362-4975

SENeca EYE SURGEONS

Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

June 11, 2004

19613-039

Dennis Olson, M.D.
FCI McKean
P.O. Box 5000
Bradford, PA 16701

RE: BAKER, DARRYL

Dear Dr. Olson:

As you know we have been following Mr. Baker's clinical diplopia related to a punch that gave him a blow out fracture. He also has a little bit of anesthesia involving the infraorbital nerve branches. We have given it plenty of time now, almost five months. He still has entrapment; he can not look up with his left eye without experiencing a form of diplopia that gives him extreme imbalance. He does not think that he can function this way.

His acuity is 20/20 in both eyes when he wears his glasses. My advice at this point is to do a repair of blowout fracture, release the entrapment under general anesthesia. I will leave the final decision up to you.

Yours truly,

Robert J. Weiss, M.D.

Robert J. Weiss, M.D.

p.s. The patient understand that one of the side effects of doing the operation when he does not have diplopia in down gaze, only up gaze would be that he might develop diplopia in down gaze. There is no way that I can promise him that that couldn't happen.

RJW/lab

H. Beam, MD
FCI MCKEAN
6/16/01

103 West St. Clair Street
Warren, PA 16365
(814)726-2020
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Fax (814)726-1215

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Fax (814)362-4975



Robert J. Weiss, M.D.

Timothy J. O'Brien, M.D.

Nicholas A. Stathopoulos, M.D.

April 16, 2004

#19613-039

Dr. H. Beam
 Health Center
 FCI McKean
 PO Box 5000
 Bradford, PA 16701

Re: Darryl O. Baker
 DOB: 6/30/1962
 DX: Orbital Floor Fracture w/Entrapment
 DATE OF EVAL: 4/15/04

Mr. Baker was seen April 15th. He had been struck in the left eye February 27th with a fist. He was complaining of blurred vision in both eyes. He does note that he gets double vision when he looks up. This is especially noticeable when he is weight lifting and doing, I believe, bent over rows and is looking straight ahead with his head tilted down.

His vision was 20/100 in the right eye and 20/200 on the left. This was easily correctable to 20/20 in either eye with an eyeglass prescription. The eyes were well aligned straight ahead. However, with up gaze the left eye did not elevate or look as far up as the right eye. I did not see any signs that the left eye was protruding further out or recessed into the eye more so than the right. The retina was normal.

The reports of the CT did suggest that there was some scarring of the floor of the orbit with possible adhesions to the inferior rectus muscle. Typically, in ophthalmology even with a fracture of the orbital floor, we like to wait at least two weeks to see that it heals on its own and the muscle entrapment is resolved. He is about six to eight weeks out and complaining of symptoms. Because he is well aligned at near, I think it would be better to take a conservative approach as the scarring is adherent to the muscle. However, it may be worthwhile to get a secondary opinion from an orbital plastic specialist who deals with these on a regular basis.

Thank you for allowing me to participate in Darryl's care. If you do not pursue an orbital evaluation, have him see me again in another three months.

Best regards,

Nicholas A. Stathopoulos, M.D.

NAS/js

Cc Darryl C. Baker

103 West St. Clair Street
 Warren, PA 16365
 (814)726-2020
 1-877-MD4-EYES
 Fax (814)726-1215

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 Fax (814)362-4975

REVIEWED BY

4/21/04

H. BEAM, MD
FCI MCKEAN

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

Impression: 1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.
2. Minimal mucosal thickening, left maxillary sinuses. The remainder of the paranasal sinuses appear clear. No air fluid levels are identified.
3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

40105
6/6

MICHAEL J. KELLY, D.O.
CLINICAL NUMBER 000087

FCI—ELKTON

NAME: DARRYL BAKER
PATIENT #: 19613-039
PHYSICIAN: QUINN
D.O.S.: 3-28-05

CT SCAN OF THE ORBITS

HISTORY: Left orbital fracture.

TECHNIQUE: Axial and coronal sections are obtained through the orbits.

FINDINGS: The patient's history states left orbital fracture. On today's exam visualized portions of the paranasal sinuses appear clear. There is some nasal septal deviation towards the left. The left frontal sinus is hypoplastic. The globes and the optic nerve appear fairly symmetric. There appears to be a fracture involving the left orbital floor. Absence of bone is noted involving the posterior aspect of the orbital floor and lateral aspect. This is near but does not extend to the apex. The inferior rectus muscle extends to this defect but does not definitely appear to be entrapped. Minimal left maxillary sinus mucosal thickening is present. I suspect this is not an acute fracture. I see minimal if any soft tissue swelling. Artifact from dental hardware limits our evaluation slightly. The uncinate process appears intact bilaterally. Osteomeatal units appear to be intact. On axial images there is a question of a subtle possibly healed fracture involving the left lateral orbital wall.

Impression: 1. There is a bony defect involving the posterior lateral aspect of the left orbital floor. I suspect this represents an area of previous fracture. A small amount of orbital fat extends into this area. The left inferior rectus muscle extends to this defect but not through the defect. It does not appear to be entrapped.
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3. Left frontal sinus is hypoplastic.

CHARLES MUCHNOK, M.D.

CM:dk

LI (85)
LW
J. O.
... DIRECTOR

000085

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
8-11-05	<p>(1) seen because pt won't let cuff up (for custody) to take him eye doctor (for exam & evaluation for previous eye pts. He continues to have a decrease in vision. Continued pain L eye. Complain diplopia (VS → 120/80 BP - P80 when resting (20/25 20/20 (2) visual acuity Eye fundoscopic exam negative. Xrays CT A/B next person slight lateral ((CT scan orbit @ prev. fx) Jonson wedge (A) - Hx (1) orbit fracture; orbital floor & can muscle entrapment.; (2) eye pain (P) pt refused to sign med. cal treatment refusal. chart. Offered pain meds. to prescribe - pt refused any; Said Motrin Naprosyn no help Vision acuity good - Pt refused to cuffing procedures - ophthalmology exam cancelled. If any pain med - ask prob (let nurse know sick call). Refused to go to ophthalmology cancellation </p>			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR		

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Baker Daryl
19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9 202-1

600092

(ATTACHMENT 4)

MARCH 9, 2004.

DOCTOR BEAM, M.D.

1. I DAREYL BAKER, EMERGE IN ADMINISTRATIVE SEGREGATION ON SUNDAY FEBRUARY 29, 2004.
2. I WAS SEEN BY A DOCTOR IN MEDICAL AND RECEIVED NO MEDICATION FOR MY EYE INJURY.
- MONDAY MARCH 2, 2004, NURSE NELSON, CAME TO ADMINISTRATIVE SEGREGATION AND I INFORM HER OF MY INJURY AND SHE REFUSED TO GIVE ME MEDICAL ATTENTION.

BOTH ADMINISTRATIVE WHEELING CAME TO MAKE THESE ROUNDS UNDER BOP POLICY AND I INMATE BAKER REQUEST MY MEDICAL NEED TO BOTH OF THE AND I WAS STILL DENIED ATTENTION.

IT'S BEEN TWO (2) WEEKS UNTIL THIS DAY AND, A MAIL FROM MEDICAL CAME TO ADMINISTRATIVE SEGREGATION AND MARCH 9, 2004, AND I INMATE BAKER STILL AGAIN WAS DENIED MEDICAL TREATMENT FROM STAFF HERE AT F.C.I. MCKEAN.

DOCTOR BEAM, M.D., I INMATE BAKER, STILL HAVE A EYE INJURY DO TO THE FACT I WAS ASSULTED BY TO INMATES. I AM STILL REQUESTING MEDICAL TREATMENT, PLEASE LOOK INTO THE MATTER.

ALSO, I BROUGHT MY INJURY TO THE STAFF IN ADMINISTRATIVE SEGREGATION,

000187

2. UNDER THE EIGHT AMENDMENT FOR CRUEL AND UNUSUAL PUNISHMENT WHEN STAFF DENY AN INMATE MEDICAL ASSISTANCES IT VIOLATES THIS AMENDMENT BECAUSE STAFF IS BEING DELIBERATELY INDIFFERENT TOWARD A INMATE MEDICAL NEED.
1. UNDER THE ANTITERRORISM DEATH PENALTY ACT WHICH WAS ENACTED CARRIES THE PRISON LITIGATION REFORM ACT WHERE A INMATE MUST EXHAUST HIS ADMINISTRATIVE REMEDIES BEFORE HE CAN PRESENT THIS CLAIM IN THE DISTRICT COURT.

INMATE BAKER
19613-039

Received & Seen 3/11/04

Ale Charnoll

10/18/04

H. BEAM, MD
FCI MCKEAN

000188

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

Dr. Beam
FEDERAL BUREAU OF PRISON

TO: (Name and Title of Staff Member) <i>DR. BEAM MD.</i>	DATE: <i>039</i>
FROM: INMATE BAKER	REGISTER NO.: <i>16919</i>
WORK ASSIGNMENT:	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*My MEDICINE IS ALL GONE AND THE BAKER ARE
RETURNING, I NEED SOME GRONDEL MEDICINE*

THANK YOU!

(Do not write below this line)

DISPOSITION:

*Please bring this up with The
MLP on Stockcall -*

Signature Staff Member

*M. BEAM, MD
FCI NICKEL*

3/24/04

000186

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
WORK PLACEMENT: ORDERLY	UNIT: AA <i>SHTA AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN

ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS

NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU

PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

You were seen by Dr Howard 3/3/04
 I will have you called on 4/1/04
 for discussion of what needs
 to be done

Signature Staff Member

DR. BEAM, MD
JCI MCRAE

Date

3/31/04

000181

BP-8148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>Darryl</i>	REGISTER NO.: 19613-039
INMATE ASSIGNMENT: ORDERLY	UNIT: <i>AA SHOT RA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING

AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS

INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIATE THIS PAIN
I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

Date

3/31/04

000182

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 36

BP-5148.05E INMATE REQUEST TO STAFF FORM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

TO: (Name and Title of Staff Member)	DATE:
DOCTOR MEDICAL	3-28-03
FROM:	REGISTER NO.:
INMATE BAKER	# 19613-039
WORK ASSIGNMENT:	UNIT:
SHU	

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, TODAY AT APPROXIMATELY 8:10 NURSE NELSON ARRIVED AT SHU DOOR 101. I REQUESTED MEDICAL ATTENTION AND WAS DENIED AGAIN. THIS IS THE FOURTH (4) TIME I BROUGHT THIS TO HER ATTENTION CONCERNING MY SYMPTOMS.

PLEASE LOOK INTO THE MATTER!

8TH AMENDMENT

CRUEL AND UNUSUAL PUNISHMENT DENIAL OF MEDICAL NEED, AND BEING DELIBERATELY INDIFFERENT!

(Do not write below this line)

DISPOSITION:

I saw you on 3/31/03. Are you still having a need for evaluation? Your note complaining about Nelson RN doesn't mention your concern.

Please direct requests for care to the PA or nurse practitioners or MD making rounds in the future. The nurse does not diagnose problems.

Signature Staff Member

DR Baker

Date

000189

Record Copy - File Copy - Inmate

This form may be partially filled via FAX. BEAM, MD
FCI MCKEANThis form replaces BP-148.070 dated Oct 16
and BP-5148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 38

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
DOCTOR ("MEDICAL")	3-28-03
FROM:	REGISTER NO.:
INMATE BAKER	H 19613-039
WORK ASSIGNMENT:	UNIT:
SHU	A-A-

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR, I HAVE BEEN IN ADMINISTRATIVE DETENTION FOR (13) DAYS REQUESTING MEDICAL ATTENTION FOR MY MEDICAL NEEDS. SYMPTOMS, ("I HAVE PUS, AND INFLAMMATION, BLEEDING, EXASPERATION, ON THE SURFACE OF MY HEAD") I HAVE BROUGHT THIS TO THE ATTENTION OF YOUR MEDICAL TEAM HERE AT FCI, J. MCKEAN. THEY ARE FIRST, SHIFT (NURSE (3) TIMES), EVENING WATCH NURSE ON (2) OCCASIONS, AND (P.A. ON (2) OCCASION), AND STILL NO RESULT.

DOCTOR, TO PREVENT THIS MATTER FROM RESULTING TO BE ~~NOT~~ ADJUDICATED ON JUDICIAL PROCEEDINGS PLEASE, LOOK INTO THE MATTER! CAUSE, ("8 AMENDMENT CRUEL AND UNUSUAL PUNISHMENT BEING DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEED")

(Do not write below this line)

DISPOSITION:

I will be by to examine your scabs
SJM -

Signature Staff Member

W. Beam, MD
H. BEAM, MD
FCI MCKEAN

Date

3/28/03

000190

Record Copy - File Copy - Inmate
This form may be replicated via NPIThis form replaces BP-148.070 dated Oct 96
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) MEDICAL DOCTOR LENORD	DATE: JUNE 23, 2002
FROM: INMATE BAUER	REGISTER NO.: #19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

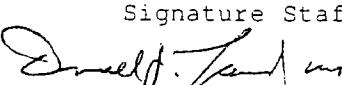
DOCTOR LENORD, I CONFABULATED WITH YOU TWO (2) WEEKS PERTAINING TO THE INJURIES TO MY HEAD. I ALSO CONFABULATED WITH MS. TIGER (PA.) SHE EXPLAINED THAT SHE WILL NOT PRESCRIBE ANY OTHER MEDICATION. THE SYMPTOMS THAT I HAVE ON MY HEAD ARE BLEEDING, SWELLING, PUSS, IRITATION, SWELLING, AND EXCRUCIATING PAIN. IT HAS BEEN ONE (1) YEAR AND A 1/2 AND THE MEDICAL DEPARTMENT HERE AT FCI LORETTA HAS NOT PROVIDED ME WITH MEDICAL TREATMENT I AM REQUESTED DOCTOR LENORD, PLEASE DO NOT BE DELIBERATELY INDIFFERENT TOWARD MY MEDICAL NEEDS.

(Do not write below this line)

DISPOSITION:

*Received 6/26/02
DR*YOU HAVE BEEN PLACED ON THE
WAITING LIST. WATCH THE CALL-OUTS

Please continue with the measures I discussed with you on 6/5/02 when I saw you to include decrease of frequency of washing scalp as the healing can be slow. You may follow up with the PA as needed until I can see you.

Signature Staff Member

 Daniel Leonard, M.D.
 Clinical Director

Date

6/26/02

000191

Record Copy - File; Copy - Inmate
 (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
 and BP-S148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. LEONARD HOSPITAL	DATE: 06-05-02
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: SHU	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR LEONARD, I HAVE A PROBLEM WITH BUMPS, SOACS, BLEEDING ON MY HEAD. I TALK WITH SEVERAL P.H'S AND I TOLD THEM THIS PROBLEM HAS BEEN THERE FOR 6 MONTHS OR MORE.
DOCTOR LEONARD, IF YOU WOULD PLEASE COME TO (SHU)
TO EXPLORE THIS MATTER, BECAUSE IT'S CAUSING EXCRUCIATING PAIN.

THANK YOU!

(Do not write below this line)

DISPOSITION:

As you know I saw you today
while I was in SHU.

Signature Staff Member <i>Daniel Leonard, M.D.</i> Daniel Leonard, M.D. Clinical Director	Date 6/5/02
----------------------------------------------------------------------------------------------------	-----------------------

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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-5148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER, DARRYL	REGISTER NO.: 19613-039
ITEMS PRESENT: ORDERLY	UNIT: AA SICK AR

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, THIS IS A SICK CALL REQUEST IN REFERENCE TO A INJURY FROM AN

ASSULT I RECEIVED TO MY EYE ON FEBRUARY 27, 2004. DOCTOR BEAM, MY EYE HAS

NOT FULLY RECOVERED AND I NEED MEDICAL ATTENTION. DOCTOR BEAM, WOULD YOU

PLEASE SET AN APPOINTMENT WHERE I CAN COME IN AND HAVE MY EYE EXAMINE.

THANK YOU.

(Do not write below this line)

DISPOSITION:

You were seen by Dr Howard 3/3/04
 I will have you called on 4/1/04
 for discussion of what needs
 to be done

Signature Staff Member

JENNY MCREE

Date

3/31/04

Record Copy - File; Copy - Inmate
 This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 96
 and BP-5148.070 APR 94

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM, M.D.	DATE: MARCH 28, 2004
FROM: INMATE BAKER <i>DARRELL</i>	REGISTER NO.: 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: <i>AA SHOT AA</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAVE BEEN REQUESTING MEDICAL ATTENTION TO BLEEDING AND PAIN TO THE SURFACE OF MY HEAD AND YOU GAVE ME MEDICATION THAT IS INEFFECTIVE. DOCTOR BEAM, I NEED SOME MEDICATION TO ALLIVIATE THIS PAIN I HAVE BEEN SUFFERING.

THANK YOU.

(Do not write below this line)

DISPOSITION:

I refilled the medication

Signature Staff Member

BEAM, M.D.
MCNEAL

Date

3/31/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 INMATE REQUESTS TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 28, 2004
FROM: INMATE BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I HAD A CALL-OUT ON APRIL 28, 2004, AND MEDICAL STAFF SAID YOU CALLED IN SICK. DOCTOR BEAM, I WAS THE RECIPIENT OF DOCTOR STATHOPOULOS, M.D. MEDICAL REPORT WHEN I SAW HIM ON APRIL 15, 2004, AND HE INDICATED THAT I HAD SOME SCARRING OF THE FLOOR OF THE ORBIT WITH POSSIBLE ADHESIONS TO THE INFERIOR RECTUS MUSCLE. HE STATED THAT OPHTHALMOLOGIST LIKELY TO WAIT TWO (2) WEEKS TO SEE IF IT WOULD HEAL ON ITS OWN OR SEE IF THE MUSCLE ENTRAPMENT IS RESOLVED. HE ALSO STATED THAT I WAS SIX (6) TO EIGHT (8) WEEKS OUT AND THAT I SHOULD GET A SECOND OPINION FROM AN ORBITAL PLASTIC SPECIALIST. DOCTOR BEAM I AM STILL HAVING EXCRUCIATING PAIN IN MY UPPER LEFT EYE AND I STILL SEE DOUBLE WHEN I LOOK UP, AND MY LEFT EYE DOES NOT ELEVATE OR LOOK AS FAR UP AS THE RIGHT EYE.

(Do not write below this line)

DISPOSITION:

The Apr 28 copy was to keep you abreast of developments. We're on top of things s! You will get the care you need

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: APRIL 22, 2004
FROM: DARRYL ORRIN BAKER INMATE:	REGISTER NO.: #19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I CONFABULATED WITH YOU ON SEVERAL OCCASIONS AND REQUESTED

A COPY OF MEDICAL REPORT FROM THE OUTSIDE SURGEON WHEN I WENT TO SEE HIM ON APRIL 15, 2004.

DOCTOR BEAM, MAY I HAVE A COPY OF THIS REPORT SO I CAN SEE HIS DIAGNOSIS THAT WHERE SUSTAINED TO MY LEFT EYE ON FEBRUARY 27, 2004.

THANK YOU VERY MUCH!

Dr ST Beam to
for staff request

(Do not write below this line)

DISPOSITION:

I'll see what I can do

Signature Staff Member

Date

*DR BEAM, MD
MCRAE*

4/23/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



Printed on Recycled Paper

TO: (Name and Title of Staff Member) DOCTOR BEAM., M.D.	DATE: MAY 3, 2004
FROM: INMATE DARRYL BAKER	REGISTER NO.: # 19613-039
WORK ASSIGNMENT: ORDERLY	UNIT: AA

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

DOCTOR BEAM, I WAS TAKEN TO SEE AN ORBITAL SPECIALIST ON APRIL 30, 2004.

DOCTOR BEAM, I WOULD LIKE TO HAVE A COPY OF THE ORBITAL SPECIALIST LETTER AND REPORT THAT EXPLAINS MY INJURY OR HIS ANALYSIS TO MY LEFT EYE.

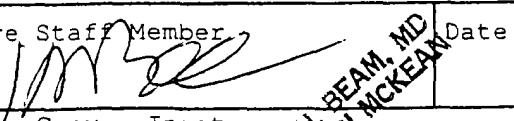
THANK YOU!

(Do not write below this line)

DISPOSITION:

*I will forward this request
to medical records*

Signature Staff Member



Date

5/5/04

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

H. BEAM, MC
FCI MCKEAN

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



(ATTACHMENT 5)



FEDERAL BUREAU OF PRISONS
memorandum

FCI McKean, Pennsylvania

DATE: March 23, 2004
REPLY TO: *SJ Polan Jr.*
ATTN. OF: James F. Sherman, Warden

SUBJECT: INMATE REQUEST TO STAFF MEMBER

TO: BAKER, Darryl
Reg. No. 19613-039

This is in response to your letter received in my office on March 12, 2004, in which you state that you suffered an eye injury on February 29, 2004 and have not received medical treatment for it.

Records indicate you were medically assessed immediately following the injury. You were instructed to follow up with sick call as needed following that assessment. A sick call slip was never received by health services from you; however, on March 9, 2004, at the request of the Associate Warden, a PA stopped by to examine you. You became verbally abusive and belligerent with the PA. You were given an order to stop your abusive behavior which you refused to do. The PA was not able to conduct an exam at that time due to your behavior. You were instructed of the proper way to sign up for sick call at that time. A sick call request was received from you on March 9, 2004, and you were seen by a doctor on March 11, 2004. The exam revealed a left eyelid abrasion only. No other injuries were found concerning your left eye.

I trust your concerns have been addressed.

LOU SENSITIVE

000183

February 10, 2005.

WARDEN:

(1) I inmate Baker, has been to the FSL Medical Department on several occassion seeking treatment for a injury I sustain on February 27, 2004.

(2) I have been seeking treatment to a Orbital Fracture that occurred on February 27, 2004, and have been denied treatment by Ms. Barnes, Dr. Quinn, and the Eye Specialist, here at FSL Elkton Medical Department.

(3) I have been having excruciating pain in my left eye, and see double vision when I look up and to the left and right sides.

(4) As a result of the injury I sustained to my left eye on February 27, 2004, and I have been Retaliated against, received Deliberate Indifference, and denied my Eighth Amendment Rights.

(5) Warden, would you please look into the matter because, I am still having excruciating pain in my left eye and I am still seeing double and having double vision.

Sincerely,

/s/ Darryl Baker
INMATE BAKER
REG. NO.# 19613-039

COPY

REQUEST FOR ADMINISTRATIVE REMEDY
PART B - RESPONSE

BAKER, Darryl Orrin

Reg. No.: 19613-039

Remedy I.D.: 366343-F7

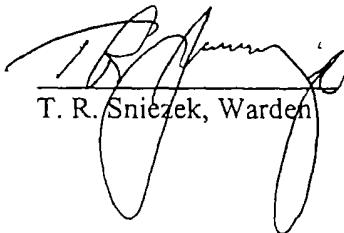
Qtr: Unit G/A

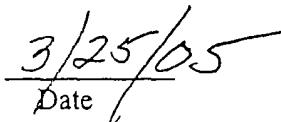
This is in response to your Request for Administrative Remedy received March 3, 2005, in which you request to be seen by an orbital specialist. In addition, you allege "retaliation, deliberate indifference, and violation of your Fifth Amendment right."

Investigation into this matter reveals you suffered an orbital floor fracture when you were assaulted on February 27, 2004, at FCI McKean but you did not seek treatment until February 29, 2004. On August 12, 2004, you were transferred to FCI Elkton. Since that time, you have been evaluated on numerous occasions by the physician assistant, the staff physician, and the Clinical Director for eye pain. You were scheduled to undergo a CT Scan of your head; however, due to technical difficulties the test was unable to be performed. The medical staff is in the process of rescheduling your test and you are tentatively scheduled March 28, 2005. A medical determination will be made pending the results of this test, and if it is clinically indicated you will be scheduled to see an orbital specialist. In addition, your medical record reveals you have received well-documented care and appropriate medical treatment. As a result, you have provided no viable evidence that staff have retaliated, shown deliberate indifference, or violated your Fifth Amendment Rights.

Based on these findings, your Request for Administrative Remedy is neither granted nor denied, but for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Regional Director, Bureau of Prisons, Northeast Region, U.S. Customs House, 7th Floor, 2nd and Chestnut Streets, Philadelphia, Pennsylvania, 19106, within 20 calendar days of the date of this response.


T. R. Sniezek, Warden


Date

(ATTACHMENT 6)

Attachment #1
LEW 1330.16
Page 1

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.7, Administrative Remedy Procedure for Inmates, this form will serve as documentation by the respective staff member and his unit manager to indicate an informal attempt to resolve the complaint of the following inmate:

NAME: DARCY LORREN BAKER REGISTRATION NO. # 19613-039
FORM TO INMATE: _____ STAFF: J. Jackson

A BP-9 will not be accepted without this completed form attached (pg 1 & pg 2)

1. Nature of Complaint (to be completed by inmate)

I WAS HOUSED AT THIS CAMP ON AUGUST 9, 2005
AND REQUESTED TO SEE THE EYE SPECIALIST OR EYE DOCTOR.
I PUT IN 3 CALL OUT FORMS AND WAS SEEN BY ~~THE~~ TO
PATIENTS PHYSICIAN ASSISTANT (POEZ, GOSA AND RAMIREZ,
AND STILL TO THIS DAY OF MARCH 9, 2006, HAS NOT BEEN
A EYE SPECIALIST OR A EYE DOCTOR.

I HAVE EXCRUCIATING PAIN IN MY LEFT EYE AND I AM
REQUESTING MEDICAL ATTENTION, I HAVE BEEN DENIED
A EIGHTH AMENDMENT VIOLATION BECAUSE THE MEDICAL DEPARTMENT
HAS DENIED ME MEDICAL TREATMENT BY NOT ALLOWING ME TO SEE
A OPTICAL SPECIALIST.

(ATTACHMENT 7)



UNITED STATES GOVERNMENT
MEMORANDUM
FEDERAL CORRECTIONAL INSTITUTION
MCKEAN COUNTY, PENNSYLVANIA
16701-5000

DATE: February 29, 2004

REPLY TO: *Ellen McNinch*
ATTN OF: Ellen McNinch, Correctional Counselor

SUBJECT: Inmate Baker, Darryl #19613-039

TO: *D.B.* Douglas Bailey, Operations Lieutenant

On 2-29-04 at approximately 1245 an inmate came to my office and told me that on Friday night (2-27-04) inmate Baker #19613-039 went into the microwave room to use one of the microwaves. At that time inmate #: was using one and saving the other one for a friend. told Baker he could not use the microwave. Apparently they had words. Then inmate #: came into the room, held inmate Baker down while inmate beat him up.

I was also informed that inmate and were intoxicated at that time.

I then asked him what had happened to his face and he replied that a dumb bell up in the weight room fell on him.

I immediately notified the Operations Lieutenant.

"Sensitive-Limited Official Use Only"

(ATTACHMENT 8)

AFFIDAVIT

SWORN UNDER THE PENALTIES OF PERJURY:

- (1) I inmate Thurman Johnson, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That inmate Baker, was assaulted by to inmates in the ten man cell on February 27, 2004.
- (3) That Officer Weseman, was not patrolling the Unit when this assault took place on inmate Baker.
- (4) That Officer Weseman, was not in the Unit when the assault took place.
- (5) That Officer Weseman, was unaware what took place on February 27, 2004.
- (6) That inmate Baker, was bleeding profusely and suffered a injury to his left eye.

Respectfully submitted

/s/ *Thurman Johnson*
INMATE THURMAN JOHNSON
REG. NO. # 11013-055
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 15, 2004.

THAT THESE STATEMENTS FROM 1 THRU 6 ARE TRUE UNDER THE PENALTIES OF PERJURY:

AFFIDAVIT

SWORN AFFIDAVIT UNDER THE PENALTIES OF PERJURY:

- (1) I inmate Tim, was assigned to the ten (10) man cell on February 27, 2004.
- (2) That on February 27, 2004, at approximately 8:05pm. I was asleep in the ten (10) man cell.
- (3) That when I awoke, I saw inmate Baker, being assaulted by two (2) other inmates.
- (4) Inmate Baker, was bleeding profusely and he had a injury to his left eye.

Respectfully submitted

/s/


INMATE TIMOTHY BRADLEY
REG. NO.#03098-049:
P.O. BOX 8000
F.C.I. MCKEAN
BRADFORD, P.A. 16701

DATED APRIL 10, 2004.

THAT THESE STATEMENTS FROM 1 THRU 4 ARE TRUE UNDER THE PENALTIES OF PERJURY: